

APPLICATION FOR LICENSURE

**Bureau of Occupational Licenses
1109 Main Street, Suite 220
Boise, Idaho 83702-5642**

INSTRUCTIONS

Requested information must be provided and all questions must be answered before your application will be processed. Failure to complete the application will result in its return to you. Your signature must be notarized and fees must be attached. Submit the completed form to the above address.

If you are applying for licensure by examination evidence must be submitted to the board that you:

- Are eighteen (18) years of age or older;
- Have graduated from a college or school of landscape architecture approved by the board.

An approved college or school of landscape architecture shall have a landscape architecture program accredited by the American Society of Landscape Architects, or shall substantially meet the accrediting standards of the ASLA as may be determined by the Board.

In lieu of graduating from an approved college or school of landscape architecture, you may be admitted to the examination upon presenting evidence of at least eight (8) years of actual, practical experience in landscape architecture of a grade and character satisfactory to the board. Your experience must be equivalent to subjects contained in the curriculum of an approved college or school of landscape architecture. No less than fifty percent (50%) of your practical experience must be under the supervision of a licensed landscape architect.

You are required to successfully complete a written examination that demonstrates your competency to plan, design, specify and supervise the installation and construction of landscape architectural projects.

If you are applying for licensure by endorsement the board may approve your licensure if you hold a current license in another state and have successfully passed the Landscape Architect Registration Examination or hold a current Council of Landscape Architectural Registration Boards certificate.

APPLICATION FEE	\$100.00
ORIGINAL LICENSE FEE	\$125.00
CLARB FEE PLUS ADMIN. FEE OF	\$ 25.00

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for the specific services that will meet your special needs. A request for special accommodation must be accompanied by current and historical medical documentation identifying your disability and supporting the need for the requested accommodations.

Questions regarding this application or the requirements for licensure may be addressed to:

**BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
E-mail = lar@ibol.state.id.us
Web site = <https://www.ibol.idaho.gov/lar.htm>**

APPLICATION FOR LICENSURE

Name

Position, License Number & State Where Licensed

Current Address

City, State, Zip

Name

Position, License Number & State Where Licensed

Current Address

City, State, Zip

WORK EXPERIENCE: All actual landscape architectural or other applicable experience must be documented by the person under whose supervision the work was performed, giving kind and type of work done, together with dates of employment. You are responsible to insure that verification letters documenting your experience are submitted from the past employers listed below. You may copy this page if additional space is necessary to list all relevant employers/supervisors.

NAME OF EMPLOYING FIRM _____

NAME OF SUPERVISOR _____

EMPLOYER ADDRESS _____
Street City State Zip

DATES OF EXPERIENCE: from ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

NAME OF EMPLOYING FIRM _____

NAME OF SUPERVISOR _____

EMPLOYER ADDRESS _____
Street City State Zip

DATES OF EXPERIENCE: from ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

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mm dd yyyy mm dd yyyy

NAME OF EMPLOYING FIRM _____

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Street City State Zip

DATES OF EXPERIENCE: from ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

PHOTOGRAPH: Attach an original PASSPORT photo of yourself taken within the last 30 days here.

(Photo)

AFFIDAVIT

I hereby certify under oath that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the practice of Landscape Architecture.

I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(Seal)

Notary Public official signature

My commission expires _____

LANDSCAPE ARCHITECT REFERENCE

Applicant's name:

Address:

1. Have you and applicant attended landscape architectural school together?

Yes ☐ No ☐

If yes, give dates: _____

Name of school: _____

2. Have you been employed by, or been members of, the same firm?

Yes ☐ No ☐

If yes, please supply the following information:

	<u>First</u>	<u>Other</u>
From - To		
Name of Firm		
City		
Applicant's Position		
Respondent's Position		

3. Have you known each other in any other connection? ☐ Yes ☐ No

A. Please indicate your expert opinion as to the applicant's qualifications to practice landscape architecture by placing an "X" in the appropriate spaces:

Phase of Practice	Excellent	Good	Satisfactory	Inadequate	Unknown
Technical Competence					
Professional Integrity					

B. Do you consider the applicant to be a competent practitioner?

Name of person supplying information (Please Print): _____

Profession/Occupation: _____

License number: _____ State in which you hold your license _____

Date: _____ Signature: _____

Phone number: _____